

Pseudo-dislocation of the shoulder in a child

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INTRODUCTION

Inferior subluxation of the humeral head is rare in children. An unusual case of severe subluxation is presented which caused difficulty with diagnosis and management at presentation.

CASE REPORT

A 6-year-old girl fell off a climbing frame and injured her left shoulder. She was seen the same day in the accident and emergency (A&E) department with diffuse left shoulder pain.

On examination diffuse swelling of the shoulder was noted but no deformity was discernible. All movements of the shoulder were grossly restricted and painful. An initial X-ray (Fig. 1) showed a Salter-Harris Type II injury of the left proximal humeral epiphysis. The head of the humerus was noted to be markedly displaced inferiorly. An axillary view to ascertain the relation of the humeral head to the glenoid could not be obtained because of patient discomfort.

As a result of the severely subluxed appearance of the shoulder the patient was admitted for observation and further evaluation. An ultra sound scan of the shoulder was obtained which did not show fluid in the joint. The position of the humeral head remained unchanged over the next 3 days despite rest in a triangular sling.

A week after the injury a further X-ray (Fig. 2) showed that the subluxation of the head was resolving. The shoulder became more comfortable and a reasonable range of movement returned.

The proximal humeral fracture, however, became progressively more displaced but went on to unite soundly. Normal shoulder function was regained by the eighth week after injury. At this stage X-rays showed relocation of the humeral

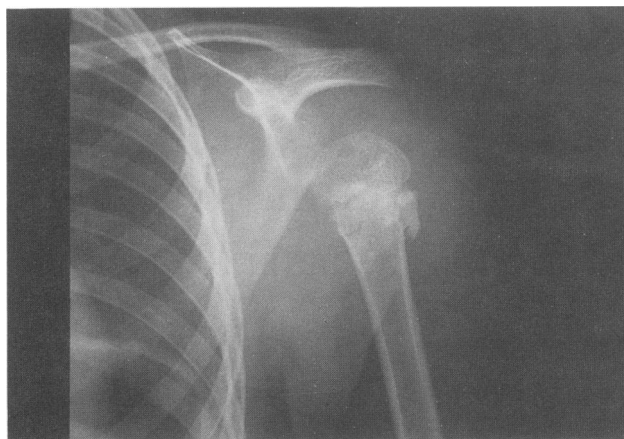


Fig. 1. Initial radiograph showing Salter-Harris Type 11 injury of the left proximal humeral epiphysis.

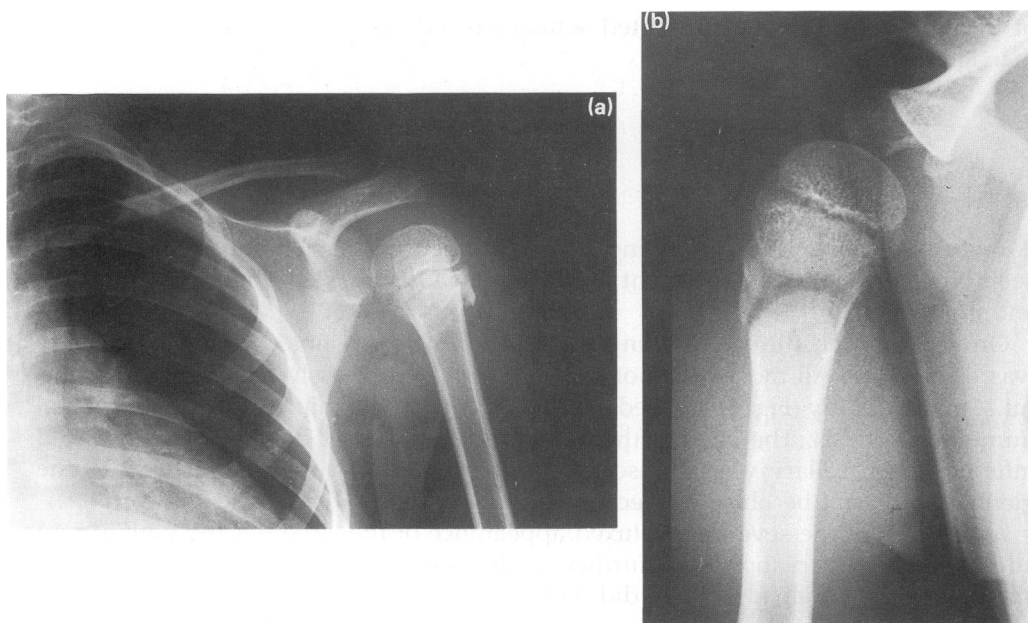


Fig. 2. Follow-up showing resolving subluxation.

head with increased angulation at the fracture site (Fig. 3). The authors anticipate that this will correct with remodelling.

DISCUSSION

Shoulder dislocation is unusual in pre-pubertal children. However the markedly inferior humeral head subluxation in this child led to considerable anxiety because

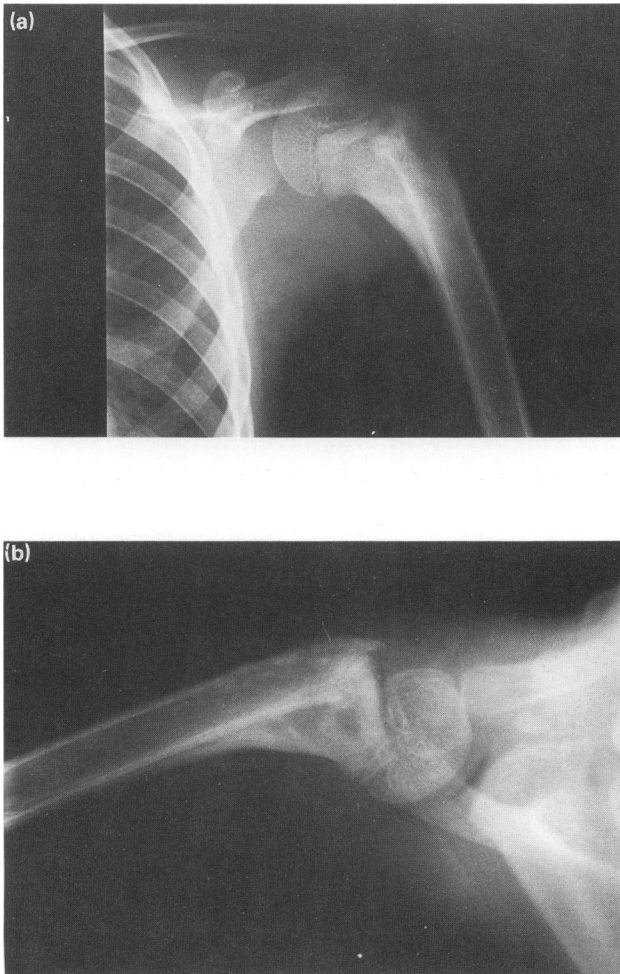


Fig. 3. Full resolution of subluxation.

of inability to exclude a dislocation by appropriate radiographic projections. A decision to employ conservative treatment as the shoulder was not deformed was, however, vindicated. This unusual case of traumatic inferior subluxation was probably the result of reflex inhibition of the shoulder musculature secondary to fracture of the left proximal humerus. As is usually the case, the return of normal muscle tone around the shoulder led to spontaneous resolution.

Inferior subluxation of the humeral head has been noted in conjunction with fractured surgical neck of the humerus (Laskin & Schreiber 1971). The authors stress the importance of differentiation from fracture dislocation and advise treatment with support in a sling and joint aspiration.

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REFERENCES

- Laskin R. S. & Schreiber S. (1971) Inferior subluxation of the humeral head: The drooping shoulder. *Radiology* **98**, 585–586.